FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P9400032931
1. Corporation Name
WANDA P. KADERA, P.A.

Principal Place of Business

Mailing Address

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90040 005 ***150.00



Principal Plac	e of Business	Mailing Address						
3075 W OAKLA	AND PARK BLVD	3075 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311						
ft lauderdal	E FL 33311				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					04/28/1994			
2. Principal P	Place of Business	2a. Mailing Address			4 EEI Number		A	pplied For
21		26 2803 NW /IM	berci	reek Cir.	65-0490042		No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional
22		27			5. Certificate of States Desired		Fee Re	equired
City & State		City & State			6. Election Campaign Financing			May Be
23		28 Boca Katon		<u></u>	Trust Fund Contribution			to Fees
Zip	Country	Zip 22/2/	Coun ✓ □	·	8. This corporation owes the curr		ingible Æ iYes	□No
24	25	29 3343/ 3	<u>0] _</u> 4	<u> 15A</u>	Personal Property Tax. 10. Name and Address of New F			
	9. Name and Address of Current	Registered Agent		31 Name	To. Name and Address of New 1	ogistered A	gem	
KAD	ERA, WANDA P							
	5 W OAKLAND PARK BLVD				ess (P.O. Box Number is Not Accepta			1
	AUDERDALE FL 33311		};	2803 33 M	NW /myer week	<u>. (n</u>		
,,,	3100C1101112112 00011			33 184				
			1	34 City Q	Patro	FL	85 39	Code : 4/2/
	to the provisions of Sections 607.0502	-4 COZ 4EOR Elecido Statutos	the abo	DOCAL	Katon		1 1//	1.1
office or r	registered agent or both in the State of	Florida, Such change was auti	norizea :	by the corporation	n's board of directors. I hereby accep	of the appoint	tment as re	gistered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	la Statu	es. 1 12	The state of	1/13	lac	J
SIGNATURE	Signature, typed or printed name of registered agent a	dutte if applicable (MOTE: Dr	MQ.	gent signature required	when reinstation	DATE	77	
12.	OFFICERS AND		13,	90	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E			Change	☐ Addition
NAME	KADERA, WANDA P		1.2 NAM	E.				i
STREET ADDRESS	AATE ME CALCULAND DADY DING		1.3 STR	EET ADDRESS				ļ
CITY-ST-ZIP	FT LAUDERDALE FL 33311		1.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	2.1 1111	E			☐ Change	☐ Addition
NAME			2.2 NAM	E				}
STREET ADDRESS			2.3 \$TR	EET ADDRESS				
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP	·			
TITLE		☐ DELETE	3.1 NTL				Change	☐ Addition {
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL	E			☐ Change	Addition
NAME			4. 2 NAM	AE				1
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL	E			☐ Change	☐ Addition
NAME			5.2 NAM	ie				
STREET ADDRESS	}		5.3 STR	EET ADDRESS				}
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	E			Change	☐ Addition
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STR	EET ADDRESS				
			64.00	/_ST_7IP				(

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime

R2E034 (11/98)